



ACCREDITED TRAINING COURSE CLASS LIST

Name of Training Course Provider			
If taught in a language other than English, specify language			
Name of Course <input type="checkbox"/> Worker <input type="checkbox"/> Contr/Sup <input type="checkbox"/> Inspector <input type="checkbox"/> Risk Assessor <input type="checkbox"/> Project Designer			
Type of Course <div style="text-align: center;"> <input type="checkbox"/> Initial <input type="checkbox"/> Refresher </div>			
Course Location			
Start Date	Ending Date	Exam Date	No. of Hours of Course

I hereby certify that the following students have completed the described accredited lead training course.

Principal Instructor

Date

Guest Instructor(s): _____

Name	Social Security No.	Certificate No.	Unsuccessful

Additional space on reverse side

Name	Social Security No.	Certificate no.	Unsuccessful

Mail this completed form to:

**Michigan Department of Community Health
Lead Hazard Remediation Program
P.O. Box 30195
Lansing, MI 48909
Attn: Training Coordinator**